

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009210

1. Entity Name
VICKI L. HEALY, L.L.C.

Principal Place of Business
1401 KIMDALE ST
LEHIGH ACRES FL 33936

Mailing Address
1401 KIMDALE ST
LEHIGH ACRES FL 33936

FILED

01 JUN -4 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0940361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, THOMAS J JR.
150 ALHAMBRA CIRCLE
SUITE 1260
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HEALY, VICKI L
2317 S.W. 51ST STREET
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDERSON, FRED J TRUSTEE
1401 KIMDALE STREET
LEHIGH ACRES FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004420193-4
-06/14/01--01074--010
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Vicki L. Healy
SIGNATURE REQUIRED

04/27/01

941-274-9771

CR2E083 (11/00)

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